

City of Bedford
Public Services Water Department
1813 Reliance Parkway
Bedford, Texas 76021
Phone: 817-952-2200
Fax 817-952-2240

Backflow Prevention Assembly Test Report & Maintenance Report

PWS ID # 2200003

Installation Test (New) ☐ Installation Test (Replacement) ☐
Annual Test (Existing Device) ☐

Business Name: _____ Physical Address: _____ Mailing Address: _____ Property Owner : _____ Location of Assembly: _____ Is this assembly installed in accordance with manufacturer recommendation and/or local codes? _____	Install Date: ____/____/____ Installed by: _____ Test Date: ____/____/____ Manufacturer: _____ Model #: _____ Serial #: _____ Replaces Serial #: _____ Size: _____ Line PSI: _____
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Reduced Pressure Principle Assembly			
Double Check Valve Assembly			TYPE OF ASSEMBLY <input type="checkbox"/> RP <input type="checkbox"/> RPDA <input type="checkbox"/> DC <input type="checkbox"/> DCDA <input type="checkbox"/> PVB <input type="checkbox"/> SVB <input type="checkbox"/> OTHER <input type="checkbox"/>
	Check Valve #1	Check Valve #2	Relief Valve
Initial Test	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked Held at _____ PSID	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked Held at _____ PSID	<input type="checkbox"/> Did Not Open <input type="checkbox"/> Opened Opened at _____ PSID
	Held Backpressure <input type="checkbox"/> Pass <input type="checkbox"/> Fail # 2 Shutoff Valve <input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Repairs	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced
	Held Backpressure <input type="checkbox"/> Pass <input type="checkbox"/> Fail # 2 Shutoff Valve <input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Final Test	<input type="checkbox"/> Closed Tight Held at _____ PSID	<input type="checkbox"/> Closed Tight Held at _____ PSID	<input type="checkbox"/> Opened Opened at _____ PSID
	Held Backpressure <input type="checkbox"/> Pass <input type="checkbox"/> Fail # 2 Shutoff Valve <input type="checkbox"/> Pass <input type="checkbox"/> Fail		

The following prevention assembly detailed has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters.

The above report is certified to be correct.

Test Gauge Used Make/Model _____ SN: _____ Calibration Date _____

Firm Name _____ Phone _____

Firm Address _____ Date _____

Certified Tester _____

Name

Signature

Bedford Registration Number

The original portion of this form must be signed, dated and returned to the City of Bedford Backflow Prevention Division.

***TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS**USE ONLY MANUFACTURER'S REPLACEMENT PARTS**